



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
SECRETARY

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Correspondence Memorandum

Date: April 22, 2022
To: Group Insurance Board
From: Kimberly Schnurr, Board Liaison
Office of the Secretary
Subject: Board Correspondence

This memo is for informational purposes only. No action is required.

The Department of Employee Trust Funds occasionally receives correspondence on behalf of the Group Insurance Board (Board) regarding proposed or recent changes to the State of Wisconsin Group Health Insurance Program.

Since the February 16, 2022, Board meeting, the following communication(s) have been submitted for the Board's consideration:

1. February 8, 2022 – Email Correspondence – Dental Plan – Dehler
2. February 18, 2022 – Email Correspondence – Sick Leave Conversion Upon Retirement – Zager
3. February 21, 2022 – Email Correspondence – Building Families Act – Gitch
4. April 4, 2022 – Letter Correspondence – Coverage for Erectile Dysfunction Treatment – Tetzke
5. April 13, 2022 – Email Correspondence – UHC Reimbursement (COVID Test Kits) - Wilmot

Correspondence for Board consideration is welcome via email to ETFSMBBoardFeedback@etf.wi.gov or U.S. postal mail to Department of Employee Trust Funds, c/o GIB Liaison, P.O. Box 7931, Madison, WI 53707-7931.

Staff will be at the board meeting to answer any questions.

Reviewed and approved by Pamela Henning, Assistant Deputy
Secretary
Electronically Signed 05/04/2022

Pamela L Henning

Board	Mtg Date	Item #
GIB	5.18.22	10D

From: [Robert Dehler](#)
To: [ETF SMB Board Feedback](#)
Subject: Dental Plan
Date: Tuesday, February 8, 2022 1:32:21 PM

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Hi,

I read the proposals with respect to changes to the dental plans for 2023. Many state dental programs provided in the benefit package to state employees have a more comprehensive plan than the one WI includes with its health care plans. I think the Board should consider offering a plan that includes crown and root canal coverage in the basic plan. The costs would be spread out to all members with their health care option: accordingly lowering the costs for all members covered. The Board should price out how much the basic dental plan would increase for the additional coverage. Proper dental health is linked to good overall health and would reduce costs for all the health care plans offered.

Thanks
Bob Dehler





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February 18, 2022

Robert Dehler
[REDACTED]

MID: [REDACTED]

Dear Mr. Dehler:

Thank you for your February 8, 2022 email to the Department of Employee Trust Funds (ETF) Board Feedback mailbox. In your inquiry, you suggested that the Group Insurance Board (Board) consider adding coverage for crowns and root canals in the Uniform Dental Benefits (UDB).

The UDB provides coverage for dental services that are routine, diagnostic, and preventive in nature. The UDB is only available to members that have their health insurance through ETF.

ETF reviews dental utilization, trends, data, and analytics to help determine possible changes to benefit designs for recommendation to the Board. ETF also receives, reviews, and brings to the Board for consideration pertinent benefit change recommendations made from a variety of other sources including members, legislators, vendors, and other stakeholders. Our recommendations must balance offering robust benefits while maintaining affordable premiums. The Board is also limited under Wis. Stat. § [40.03\(6\)\(c\)](#) from changing benefits in a way that cause an increase to overall program costs.

According to Delta Dental, including coverage for crowns and root canals in the UDB would increase the cost by more than 20% for everyone enrolled in the plan when less than 12% of membership utilize that benefit annually. However, ETF and the Board recognize that some members may need additional care; to meet these needs, we have developed supplemental dental options for members.

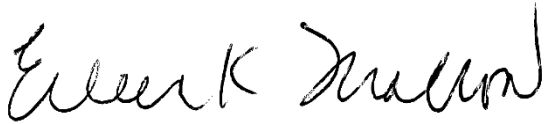
The supplemental Select Plan and Select Plus Plan are designed to enhance the UDB by offering more robust dental benefits. The plans provide coverage for dental services that are considered major procedures, such as crowns and root canals, that the UDB and Preventive Plan do not cover. Including specialized dental procedures in our two supplemental plans allow members the option to enroll in the plans that provide this enhanced benefit while keeping the UDB premium affordable.

A detailed breakdown of costs, descriptions of the dental procedures covered under the UDB, and information on each of the supplemental plans can be found on ETF's [2022 Dental Insurance](#) webpage.

Robert Dehler
February 18, 2022
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I hope this information is helpful. If you have further questions, please don't hesitate to contact me or Tom Rasmussen, Dental Program Manager with the Office of Strategic Health Policy, at (608) 266-0994 or tom.rasmussen@etf.wi.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Eileen Mallow". The signature is fluid and cursive, with the first name "Eileen" and last name "Mallow" clearly distinguishable.

Eileen Mallow
Director
Office of Strategic Health Policy
(608) 267-0732
eileen.mallow@etf.wi.gov

CC: Tom Rasmussen

From: Zager, Eric P [REDACTED]
Sent: Tuesday, February 8, 2022 2:25 PM
To: ETF SMB OSHP HELP <ETFSMBOSHPHELP@etf.wi.gov>
Subject: Sick Leave Conversion Upon Retirement

Good afternoon,

I have been trying to pursue this for a while now.

I am interested in changing the sick leave conversion for state employees upon retirement, but really haven't had any response from anyone. So, I'm not sure who to ask or suggest it to.

Currently, upon retirement sick leave can only be converted to pay for health insurance. For an employee that doesn't carry the state health insurance, it seems really unfair. As an active employee who doesn't carry the state health insurance, it's unfair as well while working. Since the state of WI is paying more for an employee that carries the health insurance than the employee that opts out for the \$2000.

My suggestion is this for sick leave conversion upon retirement.

1. Conversion to pay for state health insurance.(Currently the only option)
2. A sick leave conversion payout based on hours and employee's hourly wage.(The State of WI wouldn't even have to match an employee's hours)
3. A sick leave conversion for time in/more length of service based on how many hours an employee has.

I've tried contacting state representatives and other state employees, but have never heard back from one of them.

So, any suggestion would be appreciated.

Thank you for your help.

Sincerely,

Eric Zager [REDACTED]
[REDACTED]

From: Zager, Eric P [REDACTED]
Sent: Wednesday, February 9, 2022 7:44 AM
To: ETF SMB OSHP HELP <ETFMBOSHPHELP@etf.wi.gov>
Subject: RE: Sick Leave Conversion Upon Retirement

Good morning—

The other point I would like to add is the escrowing of sick leave hours upon retirement.

My current understanding is an employee has to enroll in the State of WI Access Plan and be on it 30 days to escrow the sick leave hours. This makes no sense at all.

Why would I need to be enrolled in the Access Plan just to escrow my sick leave hours? After 25 years plus of State of Wisconsin service the question would be: When would you like to escrow your sick leave hours?

This provision is ridiculous. If an employee retires with 25+ years, it should just be a simple escrow application.

The only answer I receive is: "it's in the statutes." It's time the statutes change. The sick leave statutes are currently very antiquated.

Thank you for your time.

Sincerely,

Eric Zager [REDACTED]
[REDACTED]



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February 23, 2022

Eric Zager
[REDACTED]

MID: [REDACTED]

Dear Mr. Zager:

Thank you for your two emails to the Department of Employee Trust Funds (ETF). I appreciate the opportunity to respond. In your first email, you asked if accumulated sick leave could be converted to cash or used like sabbatical to extend an employee's termination date. In your second email, you inquired about why employees who are not insured in the State of Wisconsin Group Health Insurance Program (GHIP) must be insured in the Access Plan for one month prior to termination in order to escrow sick leave credits. I will share the information that I have on each item below. If after your review, you find that you still have questions, please let me know.

Regarding the accumulated sick leave conversion program, the program was designed to help pay the cost of health insurance that is offered by the health plans under contract with the Group Insurance Board (Board) for retired state employees. State law doesn't allow the credits to be used for any other purpose. Because this program is defined in the statutes, ETF and the Department of Administration (DOA) aren't authorized to allow former employees to convert these credits to cash or to use the sick time to extend an employee's termination date.

If credits were cashed out, there is the potential for negative tax consequences for participants. For tax purposes, the current sick leave program is treated like an employer's contribution to the health insurance of its active employees. Any change to the usage of these funds (i.e., to cash them out) could carry substantial tax liabilities for all participants. For example, if participants had the option to receive cash payments, instead of the current contribution toward our employer-sponsored plan, the sick leave payments would require all participants to record this on their income taxes even if only a few individuals chose to receive the payment directly.

In response to your question about using sick leave to extend a person's last date of service, this is not permissible under current law. If the law were changed to permit this, a significant amount of resources would be needed to investigate the ramifications to overall employee compensation, including taxation. Following that, staff would need to draft and propose language for the legislature. Payroll system changes would also be necessary to accommodate the new legal requirements.

Finally, state law requires an employee to be insured in the GHIP prior to termination in order to escrow their sick leave credits. If they are not insured prior to termination, they

forfeit their credits. This is why an employee must, at a minimum, be insured in the Access Plan for one month prior to termination of employment and retirement in order to escrow their sick leave credits.

The policy referenced in your email was enacted January 1, 2012 in response to changes in reenrollment requirements under the Health Insurance Portability and Accountability Act (HIPAA). Prior to 2012, employees who weren't insured in the GHIP could enroll at any time; but, outside of a qualified life event, were limited to the Access Plan. Additionally, employees were subject to a waiting period for pre-existing conditions. Consequently, this meant that any employees with pre-existing conditions that enrolled without a life event, would need to wait a set period of time before any claims related to that illness or injury would be payable.

To comply with HIPAA, the Board revised the annual enrollment period to be an open enrollment period. However, this meant that, outside of a life event, retiring employees that were not insured in the GHIP but wanted to escrow their sick leave credits would have to enroll during open enrollment. The Board did not want to alter longstanding policy, so voted to continue to permit employees to be insured for only one month in order to escrow. If the Board hadn't acted, employees who did not enroll during open enrollment or with a life event, they would forfeit their credits or need to extend their termination date.

Some additional information to note here is that employees don't have to terminate their Access Plan coverage after a month. They may continue coverage and change plans during open enrollment. Employees who use this enrollment opportunity are limited to the Access Plan as there is a risk that they may be seeking coverage due to an underlying health issue that could increase claim costs in the GHIP. Some employees retire due to illness. The higher premiums of the Access Plan help to cover this potential, greater claim risk for a brief period of time.

Therefore, if you enroll in the Access Plan and are insured for one month prior to termination, you will be able to cancel that coverage and escrow your sick leave credits. However, this only applies if you have comparable coverage, or other insurance benefits equivalent to the Access Plan (including prescription drug coverage). You must certify this comparable coverage with ETF prior to both escrowing your sick leave credits and, again, if you change that coverage. Then, at a later date, you may unescrow during established time periods, enroll in any health plan, and use the credits to be insured in the GHIP.

Again, thank you for reaching out to ETF with your questions. I hope the information provided in this response is helpful. If you have any further concerns, please don't hesitate to contact me using the information in my signature below. If I'm not available, you're encouraged to reach out to or Arlene Larson, Manager of Federal Health Programs at the Office of Strategic Health Policy, through email, arlene.larson@etf.wi.gov, or phone at (608) 264-6624.

Eric Zager
February 23, 2022
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Sincerely,

A handwritten signature in black ink, appearing to read "Brian Stamm", followed by a long horizontal line extending to the right.

Brian Stamm
Deputy Director
Office of Strategic Health Policy
(608) 267-4554
brian.stamm@etf.wi.gov

CC: Arlene Larson

From: [Kristen Gitch](#)
To: [ETF SMB Board Feedback](#)
Subject: Building Families Act
Date: Monday, February 21, 2022 12:38:38 PM

**CAUTION: This email originated from outside the organization.
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Hello,

Is there a way to find out more about what happened on the 2/16/22 meeting where this was to be addressed?

https://madison.com/news/local/health-med-fit/infertile-couples-support-wisconsin-bill-to-require-fertility-coverage/article_f0b18aca-e4d9-58fa-983c-3e49b5ec6721.html?fbclid=IwAR0o7TRoyvzTQI3Af-yKPY5pjKqAhITF_EifsWWE16-4MOYuoJjCV6CFT68

State coverage urged

Infertility is recognized as a disease by major medical groups, and in 1998 the **[U.S. Supreme Court ruled that it is a disability](#)**.

More than 172,000 Wisconsin residents are believed to be infertile, according to a letter in November by two UW Health doctors urging the Group Insurance Board, which oversees benefits for state workers, to add coverage of fertility treatments at **[its meeting in February](#)**.



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March 11, 2022

Kristen Gitch
[REDACTED]

Dear Ms. Gitch:

Thank you for your question regarding the discussion of infertility treatment coverage at the February Group Insurance Board (Board) meeting. No changes to coverage were made at the February meeting; below I can provide a bit more detail on how the Board's change process works.

Each February, Employee Trust Funds (ETF) provides the Board with an inventory of all changes that have been requested for consideration for the coming benefit year. The memo presented to the Board is available on our website (<https://etf.wi.gov/boards/groupinsurance/2022/02/16/gib7d/direct>); infertility coverage is mentioned on page 3.

The Board has an opportunity to ask questions or request other coverage issues be investigated at the February meeting, but no coverage recommendations are made or approved. The Board did not have any specific questions on the infertility coverage concept. ETF will continue analyzing all benefit changes presented in February and will bring recommendations to the Board at their May 18, 2022 meeting.

If you have further questions, please feel free to contact Renee Walk, Lead Policy Advisor, at renee.walk@etf.wi.gov.

Sincerely,

Eileen Mallow
Director
Office of Strategic Health Policy
(608) 267-0732
eileen.mallow@etf.wi.gov

CC: Renee Walk

Bruce Tetzke

April 2 2022

Group Insurance Board c/o Board Liaison Department of Employee Trust Funds
WEA Trust

To Whom it may concern:

[REDACTED]
[REDACTED] I've been trying to find out who to send my concern to and I hope this is the right avenue. My wish is to try to get some type of coverage added to our health insurance for treatment of erectile dysfunction going forward. This is a growing problem with more and more men affected by this all the time. Maybe it always was a problem, but only now more attention and information have been brought to light over the past years. Whether it would be just for oral meds or coverage for other treatments, *any* type of coverage would be a start that is overdue. ED is a very common problem that is reported to affect as many as 30 million men. It is time to address this and add coverage for this.

Thank you for your time,

Bruce Tetzke
Bruce Tetzke



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April 8, 2022



Dear Mr. Tetzke:

Thank you for your letter regarding coverage of erectile dysfunction (ED) medication in the Group Health Insurance Program (GHIP). Below I have shared what our current coverage policy is, the process the Department of Employee Trust Funds (ETF) undertakes every year to review coverage, and what current options might be available to you.

You are correct that the current GHIP does not cover ED drugs. ED drugs are not required to be covered by any current Wisconsin or federal laws, and so these services are not included in the current GHIP pharmacy benefit.

ETF reviews the coverage provided by the GHIP each year. We have just finished our review of services for the coming 2023 plan year and will be presenting our findings to the Group Insurance Board (Board) in May. Unfortunately, we cannot include this request in the review of services for 2023, but we can include it for consideration in future years.

However, ETF is limited under Wisconsin state law regarding which services can be added to the GHIP without a legal mandate. We cannot add any services to the GHIP without proving that those services would reduce costs due to improved health or without reducing coverage in some other part of the program to cover the costs of the new services. This requirement applies to medications, as well.

There are ways members can still save money on ED drugs. When ETF signed the contract with Navitus, the Board's pharmacy benefit manager, in 2017, ETF asked Navitus to create a discount drug list. Members who have a prescription for a non-covered drug can go to an in-network pharmacy; and, if they present their Navitus card, receive Navitus's discount price for that drug. You can find the Navitus Discount Drug List online here: <https://etf.benefits.navitus.com>. A copy of the list has also been included with this letter. There are also several discount programs outside of the GHIP that may provide larger discounts for ED drugs than those available through the discount list. Services like GoodRx provide discounts for ED drugs for free.

Bruce Tetzke
April 8, 2022
Page 2

Thank you again for taking time to write to us with your concern. If you have other questions regarding prescription drug coverage, please feel free to reach out to Tricia Sieg, our Pharmacy Program Manager, via email at tricia2.sieg@etf.wi.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Eileen Mallow". The signature is fluid and cursive, with the first name "Eileen" and last name "Mallow" clearly distinguishable.

Eileen Mallow, Director, Office of Strategic Health Policy
Department of Employee Trust Funds

Attachment (1)

From: [Brian Wilmot](#)
To: [ETF SMB Board Feedback](#)
Subject: United Healthcare reimbursement
Date: Wednesday, April 13, 2022 5:23:54 PM

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ETF Board,

I was referred to you folks while talking to one of your customer service persons. She was very helpful but was not able to answer my question. My situation is this:

I purchased COVID test kits on December 25, 2021 from a local Walgreen's Pharmacy. UHC told me to fill out a Medical Reimbursement Request Form and include the receipt, which I did on January 29, 2022. Having not heard back, I talked to UHC on March 16, 2022 as to the status and they said it was denied, for the reason that Wisconsin chose not to participate. This prompted me to call ETF for the rationale, to which I could not get an answer.

So my question to you is: UHC is pointing back to ETF for not providing the reimbursement, Do you really get involved in this level of detail, and choose whether to participate? It seems to me that this significant contract for health care would not require you to deal with this level of minutia. Granted I purchased the 4 test kits for \$101 before the federal government decided to provide them for free. I really expected to be reimbursed.

Thank you in advance for a response.

Brian G. Wilmot
Retired



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April 22, 2022

Brian G. Wilmot
[REDACTED]

MID: [REDACTED]

Dear Mr. Wilmot:

Thank you for your April 13, 2022, email to the Group Insurance Board (Board). You expressed concern over the lack of health insurance coverage for COVID-19 at-home test kits that you purchased at Walgreen's pharmacy on December 25, 2021. I appreciate the opportunity to respond as the Deputy Director for the Office of Strategic Health Policy in the Department of Employee Trust Funds (ETF).

Coverage for certain COVID-19 services and supplies, like over-the-counter (OTC) test kits, is established by the federal government. When federal rules are published, affected health plans must comply. At this time, these tests must be covered without participant cost-sharing.

Coverage of OTC test kits is evolving. The Biden-Harris Administration announced on December 2, 2021, that individuals could purchase the OTC tests and get reimbursed later. Starting Saturday, January 15, 2022, the federal government required that insurers of non-Medicare members cover OTC COVID-19 test kits. There was no retroactive coverage for tests purchased before January 15.

The Centers for Medicare and Medicaid Services (CMS) announced on Thursday, February 3, that they were working to add coverage for Medicare recipients of OTC test kits for COVID-19. On Monday April 4, 2022, CMS announced that people with Medicare Part B can get up to eight free OTC COVID-19 tests each calendar month through the end of the COVID-19 Public Health Emergency. Those with Medicare Part B can get the tests at a participating pharmacy or health care provider. A list of pharmacies who are participating in this program and some frequently asked questions can be found at <https://www.medicare.gov/medicare-coronavirus>. If you seek out more tests, you should bring your red, white, and blue Medicare card to get the free tests.

We contacted UnitedHealthcare (UHC) to learn more about your interactions with them. They acknowledge that the customer service representative who told you on January 14, 2022, to submit a request for member reimbursement of the tests you purchased in December, made an error. There was no federal coverage for COVID-19 OTC testing kits for Medicare covered individuals at that time. Therefore, the denial that was sent to you on March 12, 2022, was correct.

UHC further stated that when you called on April 11 regarding the new testing kits you received, you were, again, presented with some mistaken information. The customer service representative said the tests were not reimbursable through UHC since Wisconsin wasn't participating in this program at the time. While the representative advised correctly that the tests are not reimbursable through UHC, the representative should have explained that CMS covered

Brian Wilmot
April 22, 2022
Page 2

these tests directly through Medicare Part B. This is why these were not reimbursable under your plan.

UHC has provided additional coaching to customer service representatives to emphasize that the tests are covered under Medicare Part B. We regret any inconvenience you experienced with your questions.

I hope this information is helpful. If you have further questions, please contact me or Arlene Larson of my staff at (608) 264-6624 or arlene.larson@etf.wi.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Stamm', followed by a long horizontal line extending to the right.

Brian Stamm
Deputy Director
Office of Strategic Health Policy
(608) 267-4554
brian.stamm@etf.wi.gov

CC: Arlene Larson